

High Frequency Chest Wall Oscillation Device


Airway clearance devices assist beneficiaries with respiratory disorders characterized by excessive respiratory secretions and impaired airway clearance. Devices are available that increase airway resistance to expiratory airflow to promote mucous clearance as well as oscillating or vibratory devices that combine high-frequency airflow with positive expiratory pressure.

Coverage and Payment Policy

This service requires prior authorization.

Requesting provider must submit the following information:

1. Attestation from the treating provider that the beneficiary has failed routine airway clearance therapies, including chest physical therapy, or explanation as to why routine therapy is inappropriate for the individual.
2. There is a diagnosis of Cystic Fibrosis or
3. There is a diagnosis of Bronchiectasis characterized by:
 - a. Daily productive cough for at least 6 months; or
 - b. More than 2 episodes per year of exacerbations requiring antibiotic therapy or
 - c. There is a diagnosis of one of the following neuromuscular disease diagnoses:
 - Post-polio
 - Acid maltase deficiency
 - Anterior horn cell diseases
 - Multiple sclerosis
 - Quadriplegia
 - Hereditary muscular dystrophy
 - Myotonic disorders
 - Other myopathies
 - Paralysis of the diaphragm
4. Initial approval will be for a rental period of 90 days. Requests for continued device usage must be accompanied by clinical documentation of stabilization or improvement during the initial 90 day use period.

Approved by:  Associate Medical Director
Jerry Fingerhut, MD

Date: 20 November, 2016

Reviewed: _____

Revised: _____